

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD AND ARRANGEMENT IN A COMMUNICATION SYSTEM
Attorney Docket Number::	1510-1038-2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ULF  
Middle Name::  
Family Name:: BODIN  
City of Residence:: LULEA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: KLINTVAGEN 301A

City of Mailing Address:: LULEA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-973 32

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: DANIEL  
Middle Name::  
Family Name:: LINDHOLM  
City of Residence:: LULEA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: KARSHUSVAGEN 4:222

City of Mailing Address:: LULEA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-977 54

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JIM  
Middle Name::  
Family Name:: SUNDQVIST  
City of Residence:: LULEA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: REGNVAGEN 80

City of Mailing Address:: LULEA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-976 32

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: OLOV  
Middle Name::  
Family Name:: SCHELEN  
City of Residence:: NORRFJARDEN  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: JAN JONSVAGEN 19

City of Mailing Address:: NORRFJARDEN  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-945 91

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/434,675	12/20/02
This application	Non-Provisional of	60/435,347	12/23/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0203872-7	12/20/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::